

For taxable year beginning _____, 19 ____, and ending _____, 19 ____.

Mail to: Arizona Department of Revenue, PO Box 29079, Phoenix AZ 85038-9079

CHECK ONE

Calendar year ☐ Fiscal year ☐

Business telephone number ()	Please print or type.	Name	Federal employer ID number
Business activity code number (from your federal Form 1120)		Number and street	AZ withholding tax number
		City or town, state and ZIP code	AZ transaction privilege tax number

Check box if: Information [65]	<input type="checkbox"/> Name change	<input type="checkbox"/> Address change	Yes	No	For DOR use only	
	A Is this amended return based on a federal audit? If yes, attach a copy of the federal audit.					
	B Did you file a federal amended return? If yes, attach a copy of the federal amended return.					
	C Are you changing the method of filing to Arizona?					
	D If amending a return more than 4 years old, did you attach a copy of your Arizona return as filed and/or corrected?				[88]	
	E You are amending your: Original return					
		Amended return				
		Arizona audit			[81]	
					[66]	

		(a) As originally reported or adjusted	(b) Net change increase or (decrease)	(c) Correct amount	
Income	1 Taxable income	00	00	1 00	
	2 Additions to taxable income	00	00	2 00	
	3 Total taxable income - add lines 1 and 2	00	00	3 00	
	4 Subtractions from taxable income	00	00	4 00	
	5 Arizona adjusted income - subtract line 4 from line 3	00	00	5 00	
Apportionment Computation (Multistate Corporations Only)	6 Arizona adjusted income - from line 5 above	00	00	6 00	
	7 Nonapportionable or allocable amounts	00	00	7 00	
	8 Adjusted business income - subtract line 7 from line 6	00	00	8 00	
	9 Arizona apportionment ratio		9 .	
	10 Income apportioned to Arizona - multiply line 8 by line 9	00	00	10 00	
	11 Other income or (loss) allocated to Arizona	00	00	11 00	
	12 Income attributable to Arizona - add lines 10 and 11	00	00	12 00	
Arizona Taxable Income	13 Arizona income from line 5 or line 12	00	00	13 00	
	14 Arizona basis net operating loss carryforward	00	00	14 00	
	15 Arizona taxable income - subtract line 14 from line 13	00	00	15 00	
Tax and Credits	16 Tax - Tax is 8% of line 15 or \$50, whichever is greater	00	00	16 00	
	17 Tax from recapture of credits - from Arizona Form 300, Part II	00	00	17 00	
	18 Subtotal - add line 16 and line 17	00	00	18 00	
	19 Tax credits - from Arizona Form 300, Part II	00	00	19 00	
	20 Credit type - enter form number for each credit claimed	20 3 3 3			
	21 Subtotal - subtract line 19 from line 18	00	00	21 00	
	22 Correctional industries recapture tax - from Arizona Form 300, Part II ..	00	00	22 00	
	23 Tax liability - add lines 21 and 22	00	00	23 00	
	Payments	24 Retroactive consolidation tax payment credit - see instructions	24	00	
		25 Payments (extension, estimated) - from page 2, Schedule D	25	00	
26 Payment with original return plus all payments after it was filed - from page 2, Schedule D		26	00		
27 Total payments - see instructions				27 00	
Refund or Tax Due	28 Overpayment, if any, as shown on original return or as later adjusted - see instructions			28 00	
	29 Total payments applied to amended tax liability - subtract line 28 from line 27			29 00	
	30 TOTAL DUE - If line 23(c) is larger than line 29, enter the total due			30 00	
	31 OVERPAYMENT - If line 29 is larger than line 23(c), enter the overpayment			31 00	
	32 Amount of line 31 to be applied to 1999 estimated tax			32 00	
	33 Amount to be refunded - subtract line 32 from line 31			33 00	

(a) Inventory

(b) Depreciable assets - at original cost

(c) Land

(d) Other - *describe*

(e) Less construction in progress

(f) Less nonbusiness property

(g) Net annual rent paid for leased property, multiplied by 8

(h) Total real and tangible personal property used

C3 (a) Gross sales, less returns and allowances
 (b) Sales delivered or shipped to Arizona purchasers
 (c) Other gross receipts (rents, royalties, interest, etc.)
 (d) Total sales within Arizona
 (e) Double weight sales factor
 (f) Sales factor ratio. For column (a), multiply line C3(d) by

line C3(e); for column (b), add lines C3(a) and C3(c)

C4 Total ratio - add lines C1(h), C2 and C3(f), in column (c)

C5 Average ratio - divide line C4 by four (4). Enter the result in column (c) and on page 1, line 9(c)

(a) Total within Arizona	(b) Total everywhere	(c) Ratio within Arizona (a) / (b)
X 2		

Schedule D Schedule of Payments	A. Payments (Extension, Estimated)	Date of Payment	Amount	B. Payments (Other)	Date of Payment	Amount
	1 Estimated payment	_____	_____	1 Payment with original return....	_____	_____
	2 Estimated payment	_____	_____	2 Payment	_____	_____
	3 Estimated payment	_____	_____	3 Payment	_____	_____
	4 Estimated payment	_____	_____	4 Payment	_____	_____
	5 Extension request payment	_____	_____	5 Payment	_____	_____
	6 Total. Add lines 1 through 5 - enter here and on page 1, line 25			6 Total. Add lines 1 through 5 - enter here and on page 1, line 26		

The following certification must be signed by one or more of the following officers (president, treasurer, or any other principal officer).

Under penalties of perjury, I (we), the undersigned officer(s) authorized to sign this return, declare that I (we) have examined this return, including the accompanying schedules and statements, and to the best of my (our) knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please Sign Here	Officer's signature	Title	Date
	Officer's signature	Title	Date

Paid _____
 Preparer's _____
 Preparer's signature _____ Date _____

Firm's name (or preparer's, if self-employed)	Preparer's TIN
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Firm's address	ZIP code
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